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ABSTRACT

Presented are guidelines for the supervision and training of speech clinicians. It is explained that the guidelines were developed by an Iowa task force of coordinators of clinical speech services who met with supervising clinicians from various universities. Section I includes a comparison of the professional and personal characteristics of the university supervising clinician and the school supervising clinician, recommended guidelines for the public school practicum, and a suggested format for evaluation of the speech clinician. Section II consists of an outline of experiences the student-speech clinician should have exposure to either from the training program or as part of the public school practicum. Experience categories include identification and evaluation, planning case management, and record keeping. (LS)

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REPORT OF THE TASK FORCE ON

SUPERVISION OF STUDENT-SPEECH CLINICIANS

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FOREWORD

I consider it a personal privilege to write the Foreword to this publication which contains the report of a task force I appointed 18 months ago.

It is a privilege because I can thank Russ Goings, Don Herbold, Russ Jeffrey, and Grete Wheeler for hours of hard work under the very capable leadership of Bob Baldes. The Task Force joins me in extending appreciation to the university and college personnel who generously gave of their time to attend a meeting in Des Moines (no expenses were paid) and offer follow-up suggestions and critiques by mail and phone. We would be remiss not to acknowledge the support and help the Task Force had from other Coordinators, Clinical Speech Services, and Speech Clinicians throughout Iowa.

Many letters have crossed my desk relating to this Task Force. One thing became obvious: the topic is timely! Frankly, I was astonished at the receptivity, support, encouragement, assistance and professional expertise our colleagues in the training programs bestowed on the Task Force. The training program personnel really saw the professional expertise, commitment, enthusiasm and cooperative nature of five of our Coordinators--certainly representative of all our Coordinators. Truly, this was a mutually rewarding experience.

I endorse this report and look forward to the day it is the accepted standard in this state. We are making a limited national distribution because we feel other states may wish to follow Iowa's lead. This is not a finished product--we will continue to revise and up-date.

To the students who will benefit from this cooperative venture between the training program and the schools, we solicit your critique also. We had some student input but could use more.

To all readers, read the report and try the evaluative and experiences formats, then please offer your critique.

J. Joseph Freilinger, Ph.D.
January 27, 1975

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REPORT OF THE TASK FORCE ON SUPERVISION OF STUDENT-SPEECH CLINICIANS

SCOPE OF TASK FORCE STUDY

Speech Clinicians working in the schools of Iowa realize the importance of cooperating with training institutions to provide a meaningful practicum experience for students. Many problems exist, however, for the training institution, the cooperating school system, and the student speech clinician which tend to reduce the effectiveness of this experience. The approach to eliminating some of these problems has often been handled on a "local" level; that is, between the local training institution and the cooperating school system. It is not the intention of this Task Force Report to disturb that communication, in fact, we heartily endorse this cooperation.

This Task Force was commissioned on June 11, 1973, by J. Joseph Freilinger, Consultant, Clinical Speech Services, Iowa Department of Public Instruction, to investigate, on a state-wide basis, problems that typically endanger the effectiveness of the practicum experience and, if possible, to develop guidelines for a more systematic approach in providing a quality learning experience for student-speech clinicians in the schools.

The Task Force was composed of five speech clinicians currently serving as Coordinators, Clinical Speech Services, in the State. Dr. Freilinger served as an ex officio member.

In order to collect valid information, the Task Force invited all University Supervisors from training institutions which use the Iowa schools for their practicum experience to attend a meeting in Des Moines on October 20, 1973. Topics discussed included: roles of the University Supervising Clinician and the School Supervising Clinician, time and length of the practicum, experiences to be included for the student and evaluation. Those University Supervising Clinicians not able to attend the meeting in Des Moines were asked to respond via questionnaire.

With this information and the information collected from speech clinicians in the state, we were able to formulate this report with the hope of improving the quality of the training student-speech clinicians receive in Iowa public schools.

ORGANIZATION OF THE REPORT

The Task Force report consists of two sections. Section I consists of recommended guidelines for the public school practicum. These guidelines pertain to both the training institution and the cooperating school system. As was pointed out by several contributors, these guidelines border on the idealistic. For this we make no apology: it was the belief of the contributors that these guidelines will, when achieved, form the basis of a much more efficient and effective practicum experience.

Section II consists of our attempt to formulate the experiences a student should have exposure to, either before or during the practicum period. A system was also developed to report the type of exposure the student has had in each area.

DISTRIBUTION OF THE REPORT

This report is being distributed to:

1) all Coordinators, Clinical Speech Services in the state of Iowa

2) all speech clinicians in the state of Iowa

3) all University Supervisors in training institutions using the Iowa schools for their practicum experience

4) all State Consultants for Clinical Speech Services in the United States

5) the School Affairs Committee of the American Speech and Hearing Association

6) the National Student Speech and Hearing Association.

The report will also be submitted for publication in Language, Speech and Hearing Services in the Schools of the American Speech and Hearing Association and the Journal of the Iowa Speech and Hearing Association.

Additional copies are available by contacting:

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SECTION I
GUIDELINES

PROFESSIONAL AND PERSONAL CHARACTERISTICS OF THE UNIVERSITY SUPERVISING CLINICIAN AND THE SCHOOL SUPERVISING CLINICIAN

SIMILARITIES

The qualifications and characteristics of the University Supervising Clinician and the School Supervising Clinician in the schools are similar in more respects than they are different. These personnel shall hold the Certificate of Clinical Competence from the American Speech and Hearing Association. The University Supervising Clinician should have experience as a public school clinician other than his own practicum experience and should have had courses in supervision and management at the graduate level. The School Supervising Clinician shall have at least two years of experience in the public schools and should have some training in supervision. The University Supervising Clinician shall be a faculty member of the Department of Speech Pathology and Audiology. Supervisors of Clinical Speech Programs in the schools should provide and assist speech clinicians in getting supervisory experience. More and more graduate programs are providing their outstanding graduate students with practical experience in supervising beginning speech clinicians.

The University Supervising Clinician and the School Supervising Clinician must possess leadership qualities which require the utmost consideration of human relations. The following suggestions are made for supervising clinicians in working with a student-speech clinician:

1. have a friendly, understanding attitude and acceptance of the student-speech clinician as a colleague;
2. be a model for students of conduct expected in professional life;
3. have the ability to provide objective evaluation and recognition of success through assistance in planning and evaluation, instruction, and frequent conferences and guidance in self-analysis; and,

4. be sensitive to the student-clinician's need for an orientation to school environment which includes the extent of the student-speech clinician's authority and responsibility, importance of records and reports, and the importance of maintaining good public relations.

In addition, the key to the student-speech clinician's success, and the success of the University Supervising Clinician and the School Supervising Clinician is that there be effective communication. Kagen (1970) states that the more effective person tends to deal with the affective elements of others' communication more often than does the less effective person. That is, the effective communicator is aware not only of the cognitive elements of what one says but also the concomitant "body state" (mood, feeling). The effective communicator also communicates understanding. In other words, the effective communicator not only hears but lets the other person know that he/she has been heard. A third characteristic is that the effective communicator tends to be specific rather than non-specific about what he is hearing. That is, "calling a spade a spade." Finally, the effective communicator creates an "exploratory" atmosphere. That is, the listener has the feeling that he must wrestle with the problem and continue to discover things for himself.

DISTINCTIVE DIFFERENCES

Two distinct differences between the University Supervising Clinician and the School Supervising Clinician are noted.

1. The responsibility for the well-being of the school program and the clients therein remains the prime concern of the School Supervising Clinician.

2. Should problems arise, the student-speech clinician should attempt to resolve the matter with the School Supervising Clinician. If, however,

either the student-speech clinician or the School Supervising Clinician feels that the matter needs further discussion one or both should contact the University Supervising Clinician.

SUMMARY

In conclusion, the supervisor must realize that he is supervising an emerging independent professional and not an aide that will always want an assignment. There has to be somewhat of a gradual-shaping process. The conveyance of the decision-making process has to be made and again this involves effective communication. Supervisors must communicate the image and ethics of the Speech and Hearing profession.

OTHER CONSIDERATIONS

LENGTH OF PRACTICUM

The length of the practicum should be such that the student-speech clinician has time to become involved in the varied experience unique to the public school setting. Although the most desirable internship is for a full year, it must be recognized that this may not be feasible at this time. It is believed, however, that no practicum period should be less than eight weeks and that the full day be included, five days per week. It is felt that the student speech clinician should be exposed to full-time experience in order to better understand the real work environment of the speech clinician who works in the schools.

TIME OF PRACTICUM

With the multitude of clinical experiences which are desirable such as setting up clinical programs, evaluating progress of the child, and terminating a clinical speech program, it is difficult to identify a

specific time of the school year as being most desirable. However, since decisions must be made, it would appear to be most advantageous if the practicum were scheduled at the beginning of the school year or at the end of the school year. Regardless of when the practicum takes place, the student should understand that complete exposure is impossible in a practicum less than an academic year.

THE PRACTICUM IN THE STUDENT'S CURRICULUM

It would seem that student-speech clinicians would be better prepared for the comprehensive clinical practicum in the public school setting after they have completed their course work and their on-campus practicum. The case load in the public schools usually includes language, articulation, fluency and voice problems of varied etiology and severity. Thus, it is very important that the student-speech clinician be thoroughly prepared in techniques of management for the variety of problems.

Each year an increasing number of state education agencies are adopting as minimal requirements for certification, standards equivalent to the American Speech and Hearing Association requirements for the Certificate of Clinical Competence (CCC). In that Iowa requires the master's degree level of professional preparation as minimum standards for employment, we strongly recommend that the practicum experience take place during the graduate training. Requests to undertake the practicum at the baccalaureate level may be approved on an individual basis by the cooperating clinical speech program.

WHO SHOULD EVALUATE THE STUDENT SPEECH CLINICIAN

Evaluation criteria should be formulated as a cooperative endeavor of both the University Supervising Clinician and the School Supervising Clinician. These criteria should be formulated for each of the three

evaluators: (1) the University Supervising Clinician, (2) the School Supervising Clinician, and (3) the student-speech clinician. Since each of these individuals will be evaluating the student-speech clinician during his/her school practicum it is imperative that each person involved in the evaluation process understand the areas to be evaluated, methods, purposes and results and how the evaluation information will be used.

UNIVERSITY SUPERVISING CLINICIAN

The University Supervising Clinician should directly observe and confer with the student-speech clinician, School Supervising Clinician or program supervisor at least every two weeks. The University Supervising Clinician should assume the responsibility for designing those areas which will be evaluated when making observations of the student-speech clinician and should assume the responsibility for informing and explaining that evaluation process to both the student-speech clinician and the School Supervising Clinician. It is highly possible that the University Supervising Clinician may continue to utilize evaluation methods and procedures which are employed within the particular university, or one may wish to design and utilize evaluation methods and procedures which are more "tailor made" to the rather unique clinical environment found in the majority of public school programs.

SCHOOL SUPERVISING CLINICIAN

The School Supervising Clinician along with the University Supervising Clinician should be responsible for designing and formulating the evaluation criteria to be utilized during the student-speech clinicians school practicum. Separate written evaluations based on these criteria should be prepared by the University Supervising Clinician and School Supervising Clinician at least twice during the student-speech clinician's assignment.

STUDENT SPEECH CLINICIAN

It is suggested that the student-speech clinician evaluate his/her performance with the same instrument and as frequently as the School Supervising Clinician. In the long run, the evaluation that will lead to improvement in the student-speech clinician will be the evaluation he/she makes of himself/herself.

Following are a number of suggested parameters which could be utilized in an evaluation format for the school practicum. They are considered first attempts to design an evaluation instrument and should be viewed as an initial "down payment" in this entire process.

At this point, we have avoided scaling any of the various experiences on a 1-5, 1-7, semantic differential, or similar rating scale. The major purpose of evaluation is to initiate constructive communication between two parties. It is our belief that the following evaluation instrument does just that.

SUGGESTED FORMAT
EVALUATION OF THE SPEECH CLINICIAN

I. IDENTIFICATION

A. Skill in screening for:
   1. language disorders
   2. voice disorders
   3. articulation disorders
   4. fluency disorders
   5. hearing screening (when applicable)

B. Appropriate utilization of screening materials and equipment.

C. Ability to follow standardized screening procedures.

D. Accuracy in interpreting test results.

E. Skill in interpreting and communicating screening results.

F. Accuracy of screening records and reports.

G. Based upon these criteria, this student speech clinician_____

_____

_____

_____

_____

II. DIAGNOSTIC EVALUATIONS

A. Skill in diagnostic evaluations for:
   1. language disabilities
   2. voice disabilities
   3. articulation disabilities
   4. fluency disabilities
   5. acoustically handicapped
   6. mentally handicapped
   7. neurologically handicapped

B. Appropriate selection of diagnostic instruments and procedures.

C. Accuracy in interpreting diagnostic results.

D. Skill in interpreting and communicating evaluation results with teachers, parents, administrators, and other staff members.

E. Accuracy of evaluation records and reports.

F. Effectiveness of processing and initiating referrals.

G. Based upon these criteria, this student speech clinician_____

_____

_____

_____

_____

III. SCHEDULING

A. Selection of Caseload

1. Selection of caseload is based upon case selection criteria.

2. Grouping of children is consistent with speech and language needs of the individual child.

3. Devises a workable service schedule which will adequately meet the child's communication needs.

4. Clears service schedule through the appropriate school personnel.

B. Initiates appropriate referrals.

C. Plans indirect services for children not enrolled (if applicable).

D. Based upon these criteria, this student speech clinician_____

_____

_____

_____

_____

IV. MANAGEMENT

A. Management of a broad variety of communication disabilities.

B. Appropriate selection of target behaviors.

D. Appropriate selection and use of materials.

E. Management in accord with diagnosed needs.

F. Effectiveness of goals and objectives for each pupil.

G. Demonstrates flexibility in modifying services in relation to results and evaluations.

H. Consistently participates in ongoing evaluation and programming.

I. Effectively assesses pupil progress.

J. Directions given to pupils are clear and appropriate to the child's level of functioning.

K. Maintains accurate records and reports for each pupil.

L. Establishes effective rapport and liaison with pupils, parents, and allied professionals.

M. Follows specific criteria of dismissal of pupils.

N. Utilizes appropriate transfer and maintenance and follow-up procedures.

O. Based upon these criteria, this student speech clinician_____

_____

_____

_____

_____

V. PROFESSIONAL AND FAMILY RELATIONSHIPS

A. Is aware of referral criteria.

B. Knows available materials and personal resources.

C. Seeks information from appropriate sources.

D. Makes use of available professional and supportive personnel and agencies.

E. Integrates the special program with the educational program.

F. Demonstrates ability to utilize appropriate resources.

G. Communicates effectively with supervisor, teachers, administrators and school patrons regarding goals, objectives, results and current status of pupils and the program.

H. Actively participates in local staff meetings and pupil-relations programs.

I. Based upon these criteria, this student clinician_____

_____

_____

_____

_____

VI. Which of your personal qualities and professional skills do you believe have helped you have a successful student speech clinician experience.

VII. Which of your personal qualities and professional skills do you believe need to be improved.

VIII. Based upon this evaluation, goals are:

SUMMARY:

EVALUATION FOR:_____

EVALUATION BY:_____

DATE:_____

REFERENCE

Kagen, Norman, "Human Relationships in Supervision" in Anderson, Jean L., Supervision of Speech and Hearing Programs in the Schools, Bloomington, Indiana Speech and Hearing Center, Indiana University, 1970.

SECTION II

EXPERIENCES TO BE RECEIVED

INTRODUCTION

The second aspect of our task force report deals with the experiences a student-speech clinician should have exposure to, either from the training institution or as part of the public school practicum, in order to have a better realization of the functions of the speech clinician in the schools and possible preparation for employment. It is necessary that the University Supervising Clinician and student-speech clinician review these experiences and determine what the student has already been exposed to and the nature of that exposure before placement. Upon receipt of this information, the School Supervising Clinician can more effectively plan the practicum program. Upon completion of the public school practicum the School Supervising Clinician and student-speech clinician should return the information to the University Supervising Clinician with appropriate notations regarding experiences received.

The list of experiences that follow were developed by the Task Force members, University Supervising Clinicians and some Iowa speech clinicians who serve as School Supervising Clinicians. A list of this nature can never be complete, but we are hopeful that we have included most of the experiences a student-speech clinician should have.

EXPERIENCES FORMAT

EXPERIENCES TO BE PROVIDED TO STUDENT-SPEECH CLINICIANS BEFORE OR DURING THEIR PUBLIC SCHOOL PRACTICUM	EXPERIENCE LEVEL						
	UNIVERSITY TRAINING			SCHOOL PRACTICUM			
	THEORY	OBSERVATION	DIRECT EXPERIENCE	THEORY	OBSERVATION	DIRECT EXPERIENCE
I. IDENTIFICATION AND EVALUATION A. Screening for: 1. language disabilities 2. voice disabilities 3. articulation disabilities 4. fluency disabilities 5. hearing screening (optional)						
B. Illustrate how teacher referrals can be stimulated						
C. Diagnostic evaluations for: 1. language disabilities 2. voice disabilities 3. articulation disabilities 4. fluency disabilities 5. report results of diagnostic assessments to school personnel and parents (when appropriate) 6. desirable, but optional, experiences may include, review of pertinent data from the student's cumulative folder, observations of speech in a classroom setting, at home, etc.						
II. SCHEDULING A. Attendance Centers 1. Alternate ways of scheduling (i.e., block, intensive cycle, intermittent, etc.) 2. determination of the amount of service needed per school						

	EXPERIENCE LEVEL					
	UNIVERSITY TRAINING			SCHOOL PRACTICUM		
	THEORY	OBSERVATION	DIRECT EXPERIENCE	THEORY	OBSERVATION	DIRECT EXPERIENCE
B. Selection of the caseload: 1. Develop a rationale for the selection of children for the caseload 2. Grouping children with similar communication needs 3. Evaluating children's specific needs for management 4. Devise a workable schedule with the approval of the school personnel						
C. Make appropriate referrals						
D. Plan indirect service for students not enrolled (desirable, but optional)						
III. PLANNING CASE MANAGEMENT A. Plan realistic management goals which are written in behavioral terms						
B. Selection of appropriate materials						
C. Selection of target behaviors						
D. Illustrate techniques for motivation						
E. Observation of School Supervising Clinician in a management setting						
IV. CASE MANAGEMENT A. Conduct management activities at various grade levels:						

EXPERIENCE LEVEL

	UNIVERSITY TRAINING			SCHOOL PRACTICUM		
	THEORY	OBSERVATION	DIRECT EXPERIENCE	THEORY	OBSERVATION	DIRECT EXPERIENCE
1. primary grades 2. middle grades 3. (desirable, but optional, working with pre-schoolers and junior and senior high students						
B. Conduct management activities with children using various communication disorders of: 1. language 2. voice 3. articulation 4. fluency 5. hearing (children assigned to regular classes. Desirable, but optional; students in special classes)						
C. Conduct group and individual management sessions						
D. Provide exposure to different management models: 1. traditional 2. operant 3. moto-kinesthetic 4. psycho-therapeutic						
E. Opportunity to begin and terminate some cases: 1. Provide explanation to: a. child b. school personnel c. parents 2. If termination, plan for follow-up						
F. Evaluation: 1. of total management plan 2. of techniques used in management						

	EXPERIENCE LEVEL					
	UNIVERSITY TRAINING			SCHOOL PRACTICUM		
	THEORY	OBSERVATION	DIRECT EXPERIENCE	THEORY	OBSERVATION	DIRECT EXPERIENCE
3. of client/clinician interaction 4. exposure to charting techniques for self-evaluation						
V. RECORD KEEPING						
A. Diagnostic reports						
B. Progress reports						
C. Termination reports						
D. Other reports and records kept by Clinical Speech Program						
E. Reports to other agencies						
F. State Report						
VI. CONSULTATION (CONTACT WITH PEOPLE REGARDING SPECIFIC CLIENTS) A. Teachers						
B. Principal						
C. Parents						
D. Other school personnel						
E. Other special educators						
F. Physicians-dentists, etc. (when appropriate)						

	EXPERIENCE LEVEL					
	UNIVERSITY TRAINING			SCHOOL PRACTICUM		
	THEORY	OBSERVATION	DIRECT EXPERIENCE	THEORY	OBSERVATION	DIRECT EXPERIENCE
VII. ADMINISTRATIVE EXPERIENCES						
A. Exposure to:						
1. updating of administration and the Board of Education						
2. reporting to local school personnel						
3. requisitioning of material and equipment						
4. planning effective use of inservice days						
B. Secretarial assistance						
1. use of office machines						
2. use of office time						
C. Clinical speech staff meetings						
D. Special education staff meetings (desirable, but optional)						
VIII. PUBLIC RELATIONS						
A. Show necessity for keeping the community as well as the schools informed about the Clinical Speech Program						
1. P.T.A meetings						
2. talks to community clubs and organizations (desirable, but optional)						
3. review with School Supervising Clinician the possibility of publicizing programs through mass media (desirable, but optional)						

APPENDICES

THE TASK FORCE

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